tient — and alcoholic — who has left hospital before completing his treatment. They deliver the meds, making a tiny inroad into a significant public health problem.

Meanwhile, in the Congo, a nurse and logistician from the Netherlands embark on a 550-km reconnaissance mission to assess the need for a mobile clinic in the "land of the living skeletons," a forgotten region near Lolongolokonga. Peter Rietveld is also trying to understand the cachexia that afflicts many inhabitants of the area. Questioning and observation lead him to suspect an association with endemic river blindness — and with abject poverty.

Episode 4, "Borders and Babies" (airing Oct. 30 and Nov. 2), features work in Sierra Leone and on the border between Pakistan and Afghanistan. Canadian nurse Katiana Rivette, in her early days as head of the maternity ward at Magburaka hospital, tries to save a baby whose mother is dying of pre-eclampsia: both succumb. (Was it necessary to show this woman's breasts? Was patient permission obtained? We don't know.) This episode also features the heart-wrenching story of the boy with osteosarcoma.

In Freetown, we catch American Rebecca Golden wrapping up seven years as head of the MSF mission in Sierra Leone. She admits to being tired — "I want to get out from underneath the responsibility" — but at the same time she loves the country and returns to the US with trepidation.

In Chaman, Afghanistan, Briton Vickie Hawkins supervises logistics and medical care for the thousands of refugees streaming across the border. She also cuts through red tape to get a seriously ill man admitted to hospital. Her frustration simmers, but she can't show it. "It's unstable, volatile, even violent. So, what am I doing here?" she asks. "I love it!"

This enthusiasm is the thread that joins all the MSF staff and volunteers encountered. "A life-changing experience," says Friend. "I want to change the world," says Rivette at the start of her term. Within a week she's changed her tune: "I can't save the world, or Sierra Leone, or a village. I'm just here to share a little bit of my knowledge. For sure I'm going to gain more than I give."

Lampard aptly sums it up: "At the end of the day, I sleep a little better."

Barbara Sibbald
CMAJ

Room for a view

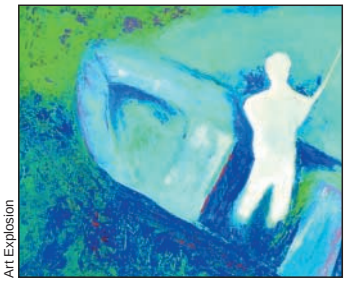
Neurosurgical depression

He wakes up soaked in sweat at 3:30 am, rescued by consciousness from a string of nightmares. The first was about a new reality show on television in which all of the male contestants agreed to have their penises cut off if they didn't win. The victims seemed to tolerate the insult with equanimity.

He rolls out of bed, panting with panic. There is no point in trying to sleep a little longer. It doesn't take a brain surgeon to understand that this man has feelings of inadequacy and insecurity and is tormented by demons.

He gets dressed, fumbling with his shirt buttons and the knot in his tie. It's an awkward process: the end of his dominant thumb is split from the dry winter air and he doesn't want to reopen it and bloody his clothes. He tries to get downstairs quietly, to avoid waking his wife and daughters, but his chocolate Labrador emerges from nowhere and trips him up in the dark. Body and briefcase go sprawling. His older dog, a big yellow lab, pads down the hall to check things out; she licks his head, sticking her tongue up his nose.

This is his laugh for the day. He pulls himself up, resigned to the blond dog hair now clinging to his meticulously kept clothes. He stumbles downstairs and throws on his coat. The air is frigid; he feels his way in the dark to the car. The engine won't be warm until he pulls into the parking lot at the hospital. For three hours he answers emails, dictates discharge summaries, listens to jazz on the radio, and works on revisions of a manuscript that he is so proud of and that three journals have rejected so far.


Art Explosion

He goes downstairs to the coffee bar and gets a large regular coffee, his only meal of the day. The hospital still has an early, empty feeling: there's no one else in line. At 7:45 a.m. he goes to the operating room. His first patient needs to be delayed; she has had a sore throat since yesterday and has started to wheeze. Her elective back surgery was booked a month ago. He chats with the anesthesiologist, who suggests they start with one of his two other cases — both young, both requiring removal of a brain tumour. The OR nurses, his second family, curse under their breath because they already had the room set up for the lumbar discectomy and have to rearrange it.

He gets through the two tumour surgeries and the sweet little lady with the back problem is deemed fit for surgery after inhaling from some puffers. So he gets all three cases done. Much of the surgical day is spent fussing over residents and fellows to do the surgery as well as he would but in twice the time it would take him. And one of the really good OR nurses is in a manic phase and is exhausting to be with; he's usually the only manic one in the OR.

At the end of the day he makes quick rounds with the residents to make sure all is well: another day of doctors triumphing over disease. He ought to feel exhilarated. All of the surgeries have gone well, but he knows that the second patient will not graduate from college in two years; her cancerous brain tumour will have claimed her by then.

He stumbles back to his office at 6:00 p.m. to do paperwork and gets home at 8:30. His dogs greet him enthusiastically; his wife and daughters less so. His wife smiles wryly and tosses a meaningful glance toward the girls. Another family supper missed. He summons a loud "Hi" for each of his daughters; they reply with garbled grunts. He makes a gin and tonic and after gulping it in 20 seconds pours a glass of red wine to lubricate the rapid downing of his first meal in 24 hours. He has a bath and pours a scotch and takes it with a tall glass of water to his study, where he turns on the computer to check emails. He writes a tormented piece like this one and falls asleep watching television, trying to dream about fishing or being a monster jazz saxophonist. He loves his family and they love him, but everyone's struggling with the same thing he is. At 3:30 a.m. he wakes up and does it again.

He's a little depressed, pal. But has he figured it out yet?

The next evening he gets a phone call from one of his daughters, who is out on the town with friends. She sounds so grown-up, yet so dear and tender — the youngest of three precious daughters, who was born with a large birth-mark on her upper lip that eventually faded, who had a few febrile seizures as a baby that scared him and his wife shitless, and who is struggling with the things teenagers struggle with. Before he hangs up he tells her how much he loves her. Then he sits on the side of the bed and sobs like a baby.

He's a really depressed man. What is he going to do about it?

Mark Bernstein
Neurosurgeon
Toronto Western Hospital
Toronto, Ont.

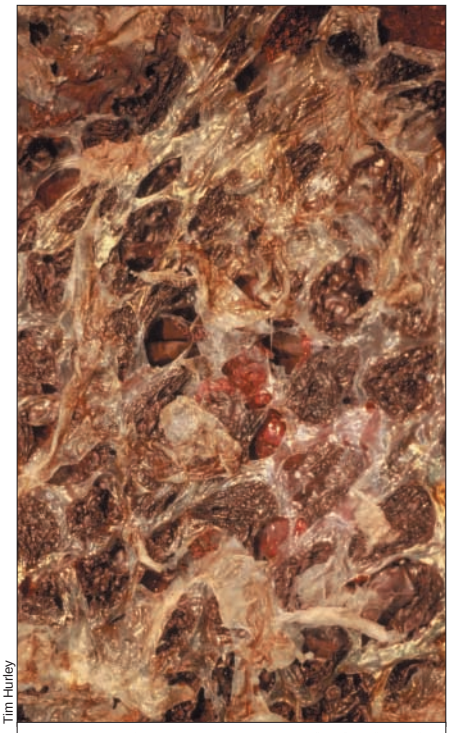
Lifeworks

A terrible beauty

"While we may be flesh-coloured on top," says artist Patricia Chauncey, "there's a whole lot more that's underneath us that is actually shockingly beautiful."

Chauncey's textile art pieces vividly illustrate this idea. Some look like chunks of dinosaur hide, others like magnifications of animal cells or tissue samples. One looks like something you'd glimpse in an antismoking ad: a thick, textured mat of moist greys, browns and purples. All are potent and organic, like things excavated from the earth or the human body and exposed to daylight for the first time.

Chauncey has been interested in organic and biological subjects for a long time, having spent many childhood hours looking for dinosaur bones in the Alberta badlands. She has used medical imagery in her work for years, while doing art shows, designing and distressing costumes for the film industry, and raising a family in Vancouver.



Tim Hurley

Patricia Chauncey, 2001. *Flesh* (detail)

Although she had been feeling sick for years, she was diagnosed with an aggressive form of breast cancer only last year. "By the time they found the tumour in my body it was the size of a grapefruit ... . I had a lymph node that was completely replaced by cancer. So, I moved instantly from not knowing I had cancer into metastatic cancer." Fighting her cancer, she's come to incorporate her awareness of her body into her art.

"Since I've been diagnosed with cancer ... I've had the opportunity, very differently than most people who are healthy, to see what that looks like. I've seen what my cells look like, I know what my DNA is like, I know what my skeleton looks like. I've been living up in the library in the cancer clinic. People think I'm reading to find out if I can improve my situation ... . But what's amazing to me is the visuals of it. I'm absolutely fascinated by the beauty of cells, and by how magical the connection between body parts and everything is. ... [Cells] are like gardens, they're like little constellations. I mean they're just absolutely amazing. Sometimes the cells that are pretty are the ones that are sick."

These are the images and ideas that Chauncey incorporates into her art. She works in destructive textiles, which involves "slashing, cutting, burning, melting and leaving [metal] in the yard to rust, and applying different kinds of materials so that the textile takes on a different form. You can start with a plain cotton and come out with something entirely different, or a plain white piece of polyester and have something that's very three dimensional and very carved-up, very mineral-like. It takes on completely different qualities." Her work also includes embroidery, dyeing, printing and silkscreen techniques. She studied at Capilano College under Leslie Richmond, one of the world's foremost destructive textile artists.

Some of her work consists of mem-